



Medicaid Advisory Committee Charter

Overview

The purpose of the Medicaid Advisory Committee (MAC) is to advise the Medicaid director about key initiatives that impact the Medicaid program and its members. This advice is crucial for designing and administering policies and services that meet the needs of Wisconsin's Medicaid members. MAC will discuss and make recommendations on issues that impact the Medicaid program and its members. Agenda topics will be based on high priority issues, challenges, opportunities, and policy and programmatic decisions.

The MAC represents the members who receive Medicaid services and the organizations and professionals who provide Medicaid services. The Committee includes representatives who are Medicaid members (or their caregivers) and health care professionals who are familiar with the needs of Medicaid members, the resources available, and the solutions needed for good health outcomes.

To further assure that Medicaid program is designed and administered in ways that meet the members' needs, the MAC includes collaboration with another advisory body: the Medicaid Member Experience Council (MMEC). The Medicaid members who serve on the MAC are also part of the MMEC. Information about the MMEC is posted on the DHS website: <https://www.dhs.wisconsin.gov/medicaid/mmec.htm>.

The MAC has been previously referred to as the Medical Care Advisory Committee.

Information about the Wisconsin Medicaid Advisory Committee is posted on the DHS website: <https://www.dhs.wisconsin.gov/medicaid/advisory-committee.htm>.

A Medicaid Advisory Committee is required by federal law, [42 CFR 431.12 Rules and Regulations, U.S. Department of Health and Human Services](#). In addition, the Wisconsin MAC fulfills the requirements in federal law at [447.203\(b\)\(1\)](#) for an Interested Parties Advisory Group.

Membership

The Medicaid Director will appoint individuals to serve on the MAC, with consultation from the MAC chairperson. MMEC members are selected by the Medicaid director following a separate application process. Once selected, all MAC members have the right to discuss, debate, make decisions, and vote.

Meetings are open to the public. Members of the public are invited to join the MAC meetings and provide input on policy development and program administration during the time reserved for public comment.

Members

The MAC will have no more than 25 members who are familiar with the needs of Wisconsin's Medicaid members, including:

- Medicaid members or caregivers of a Medicaid member who also serve on the Medicaid Member Experience Council. Medicaid members will comprise at least 25% of the MAC.
- Professionals from each of the following categories:
 - State or local consumer advocacy groups or other community-based organizations who provide direct service to Medicaid members.
 - Clinical providers or administrators who are familiar with the health and social needs of Medicaid members and with the resources available and required for their care, including primary care, specialty care, and long-term care.
 - Representative from a Medicaid managed care organization or a health plan association.
 - Other State agencies that serve Medicaid members, who serve as non-voting members.
 - Experts on relevant and timely topics, serving in a limited-term capacity as necessary and appropriate.

The Wisconsin MAC members will represent the people of Wisconsin and these priority perspectives, which may change over time:

Medicaid members	Including representation from key program populations: • Members age 65 years or older or their caregiver • Members with disabilities or their caregiver • BadgerCare members or their caregiver
Clinical providers and administrators	• Primary Care provider • Behavioral Health provider • County Health and Human Services Director • Tribal Health Director or clinic representative • Federally Qualified Health Center (FQHC) representative • Hospital Administrators
Health professionals who directly provide services to members for medical, behavioral, and/or long term care	• Clinical and health related social needs support workers: Case managers, care coordinators, social workers, nursing assistants • Access and enrollment support workers: Enrollment assisters, income maintenance, financial assisters • Long term care direct care worker, including nurses, therapists, assistants, social workers, personal care aides, and activities staff.
Health plan professional	• Operational or clinical role: case manager, care coordinator, quality manager
Other Experts	• Academic expert in a field that is directly associated with the goals of the Medicaid program, including social work, health care administration, or public administration • Health equity expert
Other state agencies	• Division of Public Health Administrator

The MAC may seek consultation and collaboration with other Medicaid-related advisory committees, as necessary and appropriate. These committees may include, but are not limited to, the Long Term Care Advisory Committee, the IRIS Advisory Committee, and the Children's Long Term Care Services Council.

Member Recruitment

The goal is that the MAC members reflect the variety of experiences of Wisconsin Medicaid members and partners throughout the state. Members are health care professionals who provide services to members for medical, behavioral, and/or long term care needs and individuals who have personal experience using Medicaid as a member or caregiver.

When there is an open spot on the MAC, DHS will ask for applications and spread the word through email, our website, our partners, and social media. DHS staff review the applications and recommend candidates. The Medicaid director selects the Medicaid Advisory Committee members.

Term of Service

Members serve at the discretion of the Director for a term of three calendar years. To ensure continuity, member terms will be staggered. Effective July 2025, members may not serve consecutive terms.

Member Roles and Responsibilities

MAC members advise the Medicaid Director about effective policy development and program administration of the Medicaid and CHIP programs, including eligibility and enrollment, acute and primary health care, long term care services, pharmacy benefits, dental, and behavioral health programs. Each MAC member is an expert because of their personal and professional experiences with Medicaid and everyone brings something unique.

MAC members are expected to regularly attend committee meetings and to prepare for and actively participate in committee discussions. MAC members are also responsible for proposing agenda items for future meetings. Agenda items may be discussed during the quarterly meetings or shared with the Chair or the DHS team between meetings.

If a member of the MAC is unable to serve their term for any reason, the member should submit a letter of resignation to the Medicaid Director. The letter does not need to give a reason, but should include an effective date of resignation from the committee. If the letter does not include a resignation date, it will be assumed that the resignation will be effective as of the date the letter is received by the Medicaid Director. If a member needs to be replaced, the Medicaid Director will consult with the Secretary to appoint a replacement member for the duration of the original member's term.

Attendance

MAC members must attend at least three of the four annual meetings.

Meetings may occur when a simple majority (50% of total membership plus one) of the committee voting members are present, excluding vacancies. If a simple majority is not present, the meeting will be rescheduled.

Members who cannot attend a committee meeting may designate a substitute to observe as a member of the public, but substitutions do not count toward the member's attendance. Substitutes may only comment during the public comment period.

If a member misses two or more meetings within a 12-month period, the Chair will notify the Medicaid Director to determine whether to replace the member.

Chairperson and Vice-Chairperson

The Chairperson is the official representative of the MAC, but may delegate this responsibility when appropriate or necessary.

The committee may also select a vice-chairperson. The Vice Chair serves as the Chairperson's delegate and provides leadership support to the MAC members, the Chairperson, and the DHS team.

A member is eligible to serve as the Vice Chair after the first year of their term. The MAC members vote to recommend the Vice Chairperson as their representative. Most often, the Vice Chairperson will then serve as the Chairperson in the third year of their term.

The Medicaid Director selects the Medicaid Advisory Committee Chairperson and Vice Chairperson.

The Chairperson's responsibilities include:

- Meeting with the Director to provide advice and to guide the MAC's effectiveness.
- Facilitating effective meetings in line with the Committee's vision, purpose, and processes.
- Developing meeting agendas with the Medicaid Director.
- Ensuring meeting minutes and other relevant committee records are available to the public.
- Assuring necessary follow up on all actions taken at meetings.
- Recommending committee member appointments to the Medicaid Director.
- Welcoming new committee members.
- Finalizing the annual report on the MAC activities to the Medicaid Director.

Annual Report

Each year, the MAC will collaborate with DHS staff to produce an annual report. DHS staff will be responsible for drafting the report. The MAC will provide final review, edits, and approval. This brief report should summarize:

- Key themes from meeting discussions during the year.
- Recommendations made by the MAC and the MMEC.
- Progress or accomplishments made during the year.
- Goals or priorities identified for the upcoming year.

The report must be approved by an official vote of the MAC before it is considered final.

Meetings

Meeting Logistics

The MAC will set the committee's meeting dates, times and locations each year and will prioritize days and times that work for the Medicaid members' availability who are part of this committee. Meetings

occur every quarter. The Chairperson or the Medicaid Director may schedule ad hoc meetings as necessary and appropriate. Meeting dates and times may be adjusted to accommodate conflicts.

Meeting times, call-in information, and agendas will be posted in advance on the Department's website. Meetings will always include an option to attend virtually or by phone.

The DHS team will provide a meeting notetaker, agenda support, a meeting space (in person and or virtual) program expertise, and other administrative support. Meeting minutes and accompanying documents will be sent by email and posted to the DHS website. Minutes from the previous meeting will be approved at the start of the subsequent meeting.

Meeting Agendas

The MAC and the DHS team will collaboratively determine what topics to include on meeting agendas. Topics will include high priority issues, challenges, and policy and programmatic decisions, including:

- Federal approvals for Medicaid policies and administration: state plan amendments, waivers, and rules.
- Legislative action from the state and federal governments.
- Public comment.
- The quality and effectiveness of Medicaid policies, programs, services, and processes.
- Issues that impact the delivery or outcome of Medicaid health care services, including:
 - New or changing Medicaid services or programs
 - Quality of Medicaid services
 - Access to Medicaid services
 - Coordinating care for Medicaid members
 - Eligibility, enrollment, and renewal processes
 - How Medicaid communicates with members, providers, and partners
 - How to make Medicaid more helpful for Wisconsin's diverse cultures
 - Using Medicaid when you speak languages other than English
 - Problems in Medicaid operations or policies that negatively impact members, including small populations
- Topics that the MAC is required by federal law to advise Medicaid on:
 - Marketing activities [438.104 \(c\)](#)
 - The required managed care report [438.66 \(e\)](#)
 - Medicaid Managed Care Quality Rating System [438.334\(c\)](#)
 - Managed Care State Quality Strategy [438.340\(c\)](#)
 - Section 1115 Demonstrations Waiver Monitoring and Compliance [431.420](#)
 - FFS rates paid to direct care workers [447.203\(b\)\(1\)](#)

Public Comment

The committee will set aside time on each agenda for public comments. The purpose of the public comment period is for members of the public to inform the MAC and the Medicaid Director as a formal body about their views and suggestions. The MAC Chairperson will facilitate public comment with help from the DHS team.

Members of the public may submit comments verbally, during the meeting comment period, or in writing. They may contact DHS in advance to register to provide comment, or they may make public

comment during the meeting without registering in advance. Speakers will have 3 minutes per person for their comment. All public comment will be recorded in the official meeting notes.

The Chairperson, MAC members, and DHS team will make every effort to respect individuals from the public, while keeping input brief and to the point. The Committee will listen to and consider each comment, though they will not resolve any issues during this portion of the agenda. The Committee may request further clarification, follow up, or resolution.

- All individuals wishing to address the MAC will be asked to identify themselves with their name, the name of their organization, and any conflicts of interest.
- The MAC may solicit written public comments on specific topics, and may choose to respond to written public comment as it deems necessary and appropriate.

If there are no public comments during the meeting, the committee will move to the next agenda item.

Revisions

DHS and the MAC will review this charter every three years or sooner, as needed.

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